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Mr. A.W.LeP. Darvall
Corrs Chambers Westgarth
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Dear Mr. Darvall,

I write to you regarding Father Gerald Francis Risdale. Following my telephone discussion with you of Wednesday 12th May, I am making this report essentially brief addressing the major issues rather than giving you a detailed summary of the information which I have and the basis for my conclusions. I have of course a great deal of data which can substantiate my views, should the need for elaboration occur. This report is based on the voluminous documentation which you have provided to me, both in the original file and the supplementary material. In addition, it is derived from information which I have obtained by private inquiry of colleagues in the United States and also from the Catholic Health Service headquarters in Rome. In addition, I had a brief discussion on a couple of occasions with Mr. Joblin whose detailed report should be with you shortly.

I interviewed Risdale on three occasions, the 3rd, 5th and 7th May 1993. Each interview was over an hour in extent and in addition I got him to complete some extensive questionnaires which I provided to him. Transcripts of the interviews with all the other relevant information is held in my file. I have read with interest the various material provided by the facility in New Mexico, by his current supervisor counsellor, by Father Watson.

Before getting into the body of my report I should make some further qualifying remarks. I have been interested in the health of clergy/religious and members of their families since early in my post-graduate career. This arose by a series of accidents and continued with relatively increased frequency up until the present time. I have seen a vast number of religious, both male and female from the Roman Catholic, Anglican and non-Conformist branches of the Christian church, for a wide variety of psychiatric problems including, not

uncommonly, psychosexual difficulties both normal and variants from the normal. I have also since early in my post-graduate career, had a major interest in sexual problems both normal and abnormal, and my research at various times has been directed to those areas. Since the death of Dr. Eric Seal I think there is no other psychiatrist within the State of Victoria who will have had a wider experience in dealing with the above-mentioned groups than I, as a clinical psychiatrist. I have been involved in a variety of teaching roles with clergy of the various fraternities and have had an association in selection matters with the non-conformist churches, most particularly the Uniting, for many years in recent times. During the early stages of my post-graduate training I had training in forensic psychiatry with the intention at that time of becoming a forensic psychiatrist, then fortuitously I diverted away to be an all-rounder but with a continuing interest in forensic matters, to which I have recently returned on a half-time basis.

There are numerous comments in the file including those from his current counsellor indicating the apparent honesty of Father Risdale. This may well be the case hopefully at present, however I must point out that psychiatrists, nor psychologists, nor counsellors are necessarily very effective lie detectors and Father Risdale clearly indicated to me that he had understated, whenever the issue came up, any aspects of his sexuality in the early stages of his training. He had chosen to deliberately lie to his spiritual advisor, his supervisors and in confessional about his sexual feelings and behaviour during his training in the seminary, having been warned by the spiritual director that if he kept up his masturbation he would not be able to carry on in the priesthood. I do not think there was much exploration of his fantasies at that time; I will come back to this kind of issue shortly. It is also clear and frankly admitted to me, that Father Risdale lied to both Father Watson and his Bishop on a number of occasions in relation to both the exact nature of his behaviour and its intensity. He claims to have told them, but underplayed it. A serious question in this area emerges on the basis that he did, if he is telling the truth, tell them something about his ideation and behaviour and admitted things to them but only partially. He indicated that he lied because of his wish to preserve his priestly role, his wish not to upset his parishioners or colleagues, and particularly not to distress his family and disadvantage himself. He further indicated that it was only when his Bishop visited the Institution in the United States that he was given any clear or better idea of the extent of Risdale's behaviour, even then I suspect it was underplayed.

There is good evidence from numerous publications and studies around the world, and particularly G. Abel and his colleagues in North America, but many others, that as a general rule people behaving in this kind of way minimize their behaviour and only admit what has to be admitted. Whereas, if given an absolute guarantee of total confidentiality the amount of

admitted behaviour rises by many hundreds if not thousands of percent. Unlike his supervisor cum counsellor in Sydney, I cannot say whether or not he is currently offending, I can simply say that he may not be; one can only hope that he is not remembering that he has been a skilled dissimulator with a wide variety of people in the past.

Relevant Background Influences

These have been spelt out in some detail elsewhere. Suffice it to say there are a number of instances of inappropriate early sexual behaviour which if discovered might well have warranted further exploration. There was also an absence of "normal" heterosexual inclinations or preoccupations, which again appears not to have been discovered.

One cannot and should not question his religious belief and perhaps vocational commitment. In part however it arose not only from such religious and altruistic drives, but also on the background of a relatively poor family and the wish for power, status and the honour that this would bring to the family. It is clear from my knowledge of the situation at the time and what he told me, that he had other than in religious terms, a quite inadequate screening which failed to detect any abnormality though there is very little evidence that abnormality was deliberately sought for with any intensity. However I must qualify this by saying that nevertheless a skilled dissimulator can simulate normality and evade detection, particularly if they are aware of what is being looked for. Nevertheless, he represents the unfortunate choice of a vulnerable person being chosen for the role of the priesthood with already hints of abnormal preoccupations and drives which his seminary training and subsequent life in the priesthood, often alone or in very small group, served only to enhance.

It is very clear that his subsequent career in parish work indicated that in each of the parishes to which he was appointed, there was a group of five or more children with whom he had close and ongoing relationship, plus a number of other casual contacts. His usual pattern was to become involved in one or two families, often with an absent father, develop close relationships with the children which then merged into the sexual in the context of a variety of opportunities within the presbytery, on various outings, camps, etc. The targets were predominantly pre-pubertal or early-pubertal boys. There was minimal exploration of a heterosexual nature. The behaviour involved the usual range of such sexual activity with minimal admitted penetrative efforts. There was absolute denial of other forms of abnormal sexual behaviour. There was a varying degree of masturbation with paedophilic homosexual fantasies depending upon other opportunities. There was the claim of some guilt and anxiety about the behaviour but this was easily dissolved in his need for such contact and clearly he involved himself with the children in complicated and skilled ways arranging a wide

variety of possible opportunities for such activity. Within a very short time of transfer from one parish to another the same pattern emerged.

There is considerable denial of in fact any major disturbance about this behaviour until a relatively late stage and a claimed lack of awareness of the possible hazards or damage for the children involved. In fact, he went to considerable length during our discussions, to point out that on some occasions he subsequently had ongoing more ordinary relationships with some of the boys as they grew up into young men and was asked to officiate at their weddings; the implication being that he did not see the harm with perhaps wider connotations. He did not seek help until such time as there began to be reports about his behaviour.

In every other respect he seems to have been an admirable man and an admirable priest and highly regarded by his parishioners, or so I am led to believe by him.

I have some concerns about the steps he took to seek help. Either he told very little of the truth, and probably less than he claims, or one might wonder about the relationship with his primary therapist Father Watson and his Bishop. If either or both of them truly knew what was happening one has a concern about their failure to take action and to remove him from these situations. This did occur finally, at a relatively late stage. He claims that the help he received from Father Watson decreased but in no way eliminated his behaviour and that subsequently a source of help was found for him through the good offices of Father Watson in the unit in America to which he was transferred by his Bishop. My concerns in this regard relate to the nature of the help which he had had before and the failure to seek help outside the confines of the church, or rather to seek lay help from a number of available specialists with psychological and psychiatric training who also belong to the Catholic church. The attempt to deal with the whole matter entirely in-house, as you may well be aware, was a tendency which existed within the Catholic church until not too long ago and which had unfortunately less than ideal consequences in a number of instances. Be that as it may, Father Watson's treatment whilst helpful was in no way specific or specifically remedial in any sense and, as already indicated, if helpful at all was only partially so.

The help which he received in New Mexico was wide ranging. I went into it in some detail, none of it so far as I can make out was behavioural, there was limited specific attention to sexual matters, much exploration and such monitoring as occurred was only by self-report, (this admittedly is often all there is). The attempt to help may have been genuine, well motivated and relatively intensive; it may have helped. All we have to go on is the claim by Father Risdale that it was so. As already indicated to you from the Catholic Health Services senior office in Rome, there is some disquiet

about the particular unit where he was treated. As you have probably already learned, the unit has either closed up or markedly reduced in activity and itself is under litigation, in part because of accusations and claims for damages in relation to the abnormal sexual behaviour of someone, who was there at the same time as Father Risdale, who was going out and regularly offending.

Since his return to Australia, Father Risdale has not been employed with easy access to children and claims not to have offended and to have had a variety of activities using his skills in other directions, in the priestly sense.

A complicating factor in the past, though I would not rate it of major importance, was that there was some over-indulgence in alcohol but this was probably of not such a degree or so regular as to in itself be the major responsible disinhibiting factor for patterns of behaviour which were relatively consistent and frequent over time, which involved a considerable degree of foresight and planning.

Personality Profile

He is, as is not uncommon in such instances, a charming, pleasant, able, reasonably intelligent and perhaps even gifted man who has in some respects given much to his church and his parishioners yet, at the same time, has benefited from, and exploited the role, both for his own narcissistic needs and to meet his dependency needs and requirements for affection. At one level he has related well to the people with whom he had to work but always at some distance and not had the opportunity, because of the kind of person he is but also because of the role, to have close, affectionate, ordinary relationships and expressed his need to give and receive affection by way of the behaviour with which he is charged.

In some respects, and particularly in those contexts, one might talk about regression. The behavioural dynamics in relation to paedophilia are very complex and can be discussed in a number of ways as a way of understanding, although perhaps not necessarily in explaining the behaviour. In those aspects he is quite typical of the majority of paedophiles that I have seen and he has more recently indulged in some very regressed behaviour, which he may have told you about, with regard to his teddy bears.

Detailed Mental Status Assessment - reveals a man looking his stated age, with a good command of English and able to give an excellent account of himself in an apparently overt comprehensive way. There are no indications whatever of any major psychiatric disorder, other than the behavioural disturbance with which he is charged; i.e. there was no evidence whatever of either affective or schizophreniform psychosis and no organic features emerged. This will also have been highlighted by Mr. Joblin. Clearly he is under some

strain and quite anxious about the coming proceedings. His level of anxiety is probably appropriate for his circumstances.

Summary

Father Risdale presents as a fairly typical intelligent paedophile of homosexual nature with little other forms of sexual gratification. The exact genesis of this behaviour will probably always remain a mystery in his case, as in many. His early experiences including the seductive episodes may have had some bearing upon his subsequent development and behaviour in this direction. His pattern of behaviour has almost always been to become involved with boys in a sexual way with whom he had developed an ongoing relationship. Other more casual contacts also arose on a basis of knowing the boy and arising out of a parish contact. He was not one who was a predator on casual contacts and unknown children, so far as is known.

Such sexual drives are very powerful, as are all sexual drives, and on occasion relatively compulsive with a progressive attenuation of inhibition of control as the drive and excitement mounts until the need is met. In some respects such behaviour is a kind of addiction and can also be associated with a high level of arousal with attenuation of social and personal concern and decreased attention to the hazard. This however should not be over-emphasized in this case because of the clear nature of the organization and planning which went into these patterns of behaviour, as opposed to the more occasional impulsive and less planned patterns that one sometimes sees.

Management

It is possible that he is not now offending, that is the claim. If the described pattern is correct this is understandably both possible as a response to the treatment which he has had and the supervision he is having, and also the fact that he is not exposed to the same temptations by having families with children involved closely with him. That is, his pattern may be relatively specific and he may be to some extent field dependent in that regard and be unlikely, or less likely, to offend if only exposed randomly to children in casual contact as he goes through ordinary life, on a transient occasional basis. I think there is no doubt however that he is still vulnerable. One cannot talk of cure so far or often in any case, but rather consider a higher degree of control perhaps with lesser exposure to temptation.

1. I do not believe that a custodial sentence in this case is likely to be beneficial to Father Risdale in fact it may be very much the reverse. It would certainly remove him from temptation but might however lead to exacerbation and perhaps exploitation by others of an underlying homosexual trait with

reference to adults and the hazards of physical punishment within the prison culture. It would not in itself be beneficial with regard to him developing further control. I also doubt whether he would be able to work with and benefit from any programme of management for sexual disorder within the prison context. Clearly however the punitive aspects and retribution may be regarded as appropriate by the Court.

2. If not given a custodial sentence. I believe that he should maintain under close supervision and counselling support by his colleagues in New South Wales and under no circumstances should he be re-exposed to anything like parish life with the risk of becoming exposed again to the circumstances which lead him to offend. Clearly there is no way, despite this, of preventing him from becoming involved with any families outside parish circumstances, but probably that needs to be supervised and discouraged if any threatening situations emerge.

3. If there is any doubt about the truth of the matter and that this person is being further tempted with the possibility that he is offending or may offend, I think he should be considered for a variety of other treatment modalities:

   a) an intensive behaviourally orientated programmed (though one of the complications here is that in the normal course of events one tries to move the person along the line away from the more abnormal to the more normal sexual preoccupations and activities. There are problems here with regard to the priest and his role and expressed attitudes towards sexuality and vocational commitments to a stated pattern of behaviour)

   b) a variety of medications can be used such as thioridazine to dampen down libido

   c) if necessary more powerful medications of an antiandrogen type could be used to, as far as possible, ablate the male hormone from the picture such that that aspect of the libidinal drive is controlled as much as is possible.

      Nevertheless, I must point out that even such drugs do not necessarily remove all sexuality, nor do they necessarily remove abnormal sexual drive and behaviour, for the in human beings some degree of sexuality is derived from what might be regarded as psychophysiological levels rather than hormonal.

I will be happy to elaborate any aspect of my report in

discussion with you next week. I am dictating it in some haste and it will be typed by my secretary who is familiar with my style and any errors are mine in dictation rather than hers in transcription. It will be sent to you by FAX and I will subsequently correct and edit it before and in association with discussion with you. Ian Joblin's report will also arrive either before or very soon after mine does. I should indicate that he is a very experienced, if not the most experienced, forensic psychologist in Melbourne at the present time having seen a large number of sexual offenders amongst his general case material.

Kindest regards and best wishes,

Yours sincerely,

Richard Ball

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etc.

P.S. Not sure to be short !!
Apologies for length.